

Food and Drug Administration  
Center for Food Safety and Applied Nutrition  
Office of Special Nutritionals

ARMS#

12720



1 - AFFIDAVITS

000001

## AFFIDAVIT

SAMPLE NO. \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, Jeffry A Bernhardt, an employee of the Department of Health and Human Services, Food and Drug Administration, designated by the Secretary, under authority of the Act of January 31, 1925, 43 Statutes at Large 803; Reorganization Plan No. IV, Secs. 12 - 15, effective June 30, 1940; Reorganization Plan No. 1 of 1953, Secs. 1 - 9 effective April 11, 1953; and P.L. 96 - 88, Sec. 509, 93 Statutes at Large 965 (20 U.S.C. 3508), effective May 4, 1980; to administer or take oaths, affirmations, and affidavits, personally appeared \_\_\_\_\_ in the county and State aforesaid, who, being duly sworn, deposes and says:

I am \_\_\_\_\_ Medical Receptionist at \_\_\_\_\_

On 12/30/97 I provided copies of the Medical records for \_\_\_\_\_ to Jeffry A. Bernhardt an Investigator with the U.S. Food and Drug Administration \_\_\_\_\_

I affirm that this statement is correct. \_\_\_\_\_

AFFIANT'S SIGNATURE AND \_\_\_\_\_

FIRM'S NAME AND ADDRESS (Include ZIP Code) \_\_\_\_\_

Subscribed and sworn to before me at \_\_\_\_\_

this 30 day of Dec, 1997.

(City and State)

Jeffry Bernhardt  
(Employee's Signature)

000002

Employee of the Department of Health and Human Services designated under Act of January 31, 1925, Reorganization Plan IV effective June 30, 1940; Reorganization Plan No. 1 of 1953, effective April 11, 1953; and P.L. 96-88, effective May 4, 1980.

## AFFIDAVIT

SAMPLE NO. \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, Jeffrey A Bernhardt, an employee of the Department of Health and Human Services, Food and Drug Administration, designated by the Secretary, under authority of the Act of January 31, 1925, 43 Statutes at Large 803; Reorganization Plan No. IV, Secs. 12 - 15, effective June 30, 1940; Reorganization Plan No. 1 of 1953, Secs. 1 - 9 effective April 11, 1953; and P.L. 96 - 88, Sec. 509, 93 Statutes at Large, 965 (20 U.S.C. 3508), effective May 4, 1980; to administer or take oaths, affirmations, and affidavits, personally appeared \_\_\_\_\_ in the county and State aforesaid, who, being duly sworn, deposes and says:

I am \_\_\_\_\_ Medical Records Clerk at \_\_\_\_\_

On 12/30/97 I provided copies of the Medical Records for \_\_\_\_\_ to Jeffrey A Bernhardt an Investigator with the U.S. Food & Drug Administration, \_\_\_\_\_

AFFIANT'S SIGNATURE AND TITLE

\_\_\_\_\_ I swear records provided are true & correct, the statement above is correct.  
Medical Records Clerk

FIRM'S NAME AND ADDRESS (Include ZIP Code)

Subscribed and sworn to before me at \_\_\_\_\_

this 30 day ofDec, 19 97

(City and State)

Jeffrey A Bernhardt  
(Employee's Signature)

Employee of the Department of Health and Human Services designated under Act of January 31, 1925, Reorganization Plan IV effective June 30, 1940; Reorganization Plan No. 1 of 1953, effective April 11, 1953; and P.L. 96-88, effective May 4, 1980.

000003

## AFFIDAVIT

SAMPLE NO

98-571-612/3

STATE OF

COUNTY OF

Before me, William E. Keer, an employee of the Department of Health and Human Services Food and Drug Administration, designated by the Secretary, under authority of the Act of January 31, 1925, 43 Statutes at Large 803; Reorganization Plan No. IV, Secs. 12 - 15, effective June 30, 1940; Reorganization Plan No. 1 of 1953, Secs. 1 - 9 effective April 11, 1953; and P.L. 96 - 88, Sec. 509, 93 Statutes at Large 985 (20 U.S.C. 3509), effective May 4, 1980; to administer or take oaths, affirmations, and affidavits, personally appeared \_\_\_\_\_ in the county and State aforesaid, who, being duly sworn, deposes and says:

I am \_\_\_\_\_ now residing at Apt. \_\_\_\_\_ (ph # \_\_\_\_\_) and as such have knowledge of the following:

\_\_\_\_\_ a \_\_\_\_\_ and \_\_\_\_\_ was my roommate until his death on 11-21-97. I have lived with \_\_\_\_\_ since the beginning of the school year. We were good friends, fellow \_\_\_\_\_ and familiar with each others habits, likes, and dislikes. He died while trying to make weight for a upcoming \_\_\_\_\_

On 12-18-97, Investigator William E. Keer of the U.S. Food and Drug Administration visited me at my apartment. During this visit I provide Investigator Keer with the following information.

\_\_\_\_\_ had containers of "\_\_\_\_\_ Creatine Pure!" and "Twinlab Ripped Fuel" stored on top of the refrigerator located in the kitchen of our apartment. To the best of my knowledge \_\_\_\_\_ did not use any of these products since approximately the middle of September. \_\_\_\_\_ believed that the products would cause a weight gain and he had been on a weight reduction program since September. I believe that he may have consumed some of these products prior to the beginning of his weight training. \_\_\_\_\_ did not have a problems with alcohol, did not smoke or overeat. He was not involved with any illegal drugs. He did not participate in any activities that would obviously threaten his health.

I provided Investigator Keer with the following food supplements previously owned by \_\_\_\_\_

1. one previously opened and partially used container of \_\_\_\_\_ 100% Pure Creatin Monohydrate - sticker on the bottom of the can coded "5022-12"
2. one previously opened and partially used container of Twinlab Ripped Fuel for the maximum preservation of Lean Body Mass Lot #71047

AFFIANT'S SIGNATURE AND TITLE

FIRM'S NAME AND ADDRESS (include ZIP Code)

Subscribed and sworn to before me at \_\_\_\_\_

this 19<sup>th</sup> day of DECEMBER, 19 97

(City and State)

William E. Keer  
(Employee's Signature)

POLICE DEPARTMENT GENERAL REPORT				INCIDENT NUMBER	
INCIDENT LOCATION (STREET ADDRESS)				COMPLAINT/OFFENSE TYPE	
				Hospitalization / Death	
REPORT DATE & TIME		EARLIEST OCCURRED DATE/TIME		LATEST OCCURRED DATE/TIME	
11-21-97 10:00 PM		11-21-97 5:30 A		11-21-97 10:35 A	
VICTIM LAST		COMPLAINANT FIRST		WITNESS MI	
NAME		NAME		NAME	
TELEPHONE HOME:		TELEPHONE HOME:		TELEPHONE HOME:	
WORK:		WORK:		WORK:	
D.O.B.:		SEX: MALE		RACE: WHITE	
		FEMALE		BLACK ASIAN INDIAN	
RELATIONSHIP VICTIM/OFFENDER:				REST. ORDER: YES NO	
VICTIM LAST		COMPLAINANT FIRST		WITNESS MI	
NAME		NAME		NAME	
TELEPHONE HOME:		TELEPHONE HOME:		TELEPHONE HOME:	
WORK:		WORK:		WORK:	
D.O.B.:		SEX: MALE		RACE: WHITE	
		FEMALE		BLACK ASIAN INDIAN	
RELATIONSHIP VICTIM/OFFENDER:				REST. ORDER: YES NO	
VICTIM LAST		COMPLAINANT FIRST		WITNESS MI	
NAME		NAME		NAME	
TELEPHONE HOME:		TELEPHONE HOME:		TELEPHONE HOME:	
WORK:		WORK:		WORK:	
D.O.B.:		SEX: MALE		RACE: WHITE	
		FEMALE		BLACK ASIAN INDIAN	
RELATIONSHIP VICTIM/OFFENDER:				REST. ORDER: YES NO	
VICTIM LAST		COMPLAINANT FIRST		WITNESS MI	
NAME		NAME		NAME	
TELEPHONE HOME:		TELEPHONE HOME:		TELEPHONE HOME:	
WORK:		WORK:		WORK:	
D.O.B.:		SEX: MALE		RACE: WHITE	
		FEMALE		BLACK ASIAN INDIAN	
RELATIONSHIP VICTIM/OFFENDER:				REST. ORDER: YES NO	
ARRESTS THIS INCIDENT (LAST NAME)					
TYPE: N-NARRATIVE E-EVIDENCE S-STOLEN R-RECOVERED F-FOUND O-OTHER					
TYPE	DESCRIPTION			VALUE	STORAGE
					NCIC/CIB
					YES NO
					YES NO
					YES NO
					YES NO
					YES NO
WAS THIS INCIDENT GANG RELATED IN YOUR OPINION: YES NO					
REPORT		ID#		REVIEWING SUPERVISOR	

## CONTINUATION REPORT

CASE NO.

Dispatched to [redacted] basement locker room to assist fire department on a 'code' in progress. Upon arrival medical personnel were on scene treating victim. I made contact with witnesses and gathered victim's information. I talked to coach [redacted] who stated that victim had been come to facility to work out to lose weight. Victim arrived at [redacted] before 5:30 AM to lose 4 lbs by 'weigh in'. According to [redacted] victim was wearing a nylon/napiera sweat suit with conventional sweats over that. At approximately 7:30 AM Coach [redacted] started toward his class. [redacted] was contacted by victim who told him he was having trouble catching his breath. Victim was on his way to the 'weigh-in'. Coach [redacted] did not see victim again until <sup>after</sup> he collapsed in locker room area.

Talking to trainer [redacted] he had been at weigh-in and victim was still '1/2 lb over'. [redacted] states that victim got redressed into sweats after weigh in and continued to work-out. [redacted] states that he was with victim in the locker room/shower-sauna area ~~working out~~ when victim collapsed. [redacted] states he helped get victim out of sweats and moved him into the locker area of locker room. Victim was still breathing and had a pulse at this time and was semi-conscious. [redacted] was not able to get a [redacted] to call for medical assistance.

While [redacted] was with victim Coach [redacted] returned to locker room.

SIGNATURE R

Badge/Rank

SIGNATURE COMMANDING OFFICER

Rank

FORM #

000006

[REDACTED] Police Department  
CONTINUATION REPORT

CASE NO. [REDACTED]

area and monitored the victim. According to Coach [REDACTED] shortly after his arrival the victim's pulse and breathing stopped. Coach [REDACTED] began CPR and were relieved by the medical personnel upon their arrival. During this period after medical arrived I observed no bruises on victim's body.

Victim was transported to [REDACTED] was pronounced dead at 12:35 AM.

While at university, clothing worn by victim was collected and per my lieutenant turned over to the [REDACTED] security personnel.

Medical Examiner was contacted by myself from [REDACTED] upon his arrival the victim was turned over to him.

SIGNATURE

LCPD [REDACTED]

Badge/Rank [REDACTED]

SIGNATURE COMMANDING OFFICER [REDACTED]

Rank [REDACTED]

000007